Mr. LIEBELER. Would you read the report and tell us if that is the report that you prepared at that time?

Dr. HARTOGS. That is right, that is it. Interesting.

Mr. LIEBELER. Doctor, is your recollection refreshed after looking at the report that you made at that time?

Dr. HARTOGS. Yes, yes; that is the diagnosis, "personality pattern disturbance with schizoid features and passive—aggressive tendencies." Yes.

Mr. LIEBELER. On page 1, at the very beginning of the report, you wrote at that time, did you not, "This 13-year-old, well-built, well-nourished boy was remanded to Youth House for the first time on charge of truancy."

Dr. HARTOGS. Yes.

Mr. LIEBELER. On the last page of the report there is a section entitled "Summary for Probation Officer's Report," is there not?

Dr. HARTOGS. Yes.

Mr. LIEBELER. And you wrote there, about two or three sentences down, did you not, "We arrive therefore at the recommendation that he should be placed on probation under the condition that he seek help and guidance through contact with a child guidance clinic, where he should be treated preferably by a male psychiatrist who could substitute, to a certain degree at least, for the lack of father figure. At the same time, his mother should be urged to seek psychotherapeutic guidance through contact with a family agency. If this plan does not work out favorably and Lee cannot cooperate in this treatment plan on an outpatient basis, removal from the home and placement could be resorted to at a later date, but it is our definite impression that treatment on probation should be tried out before the stricter and therefore possibly more harmful placement approach is applied to the case of this boy?"

Dr. HARTOGS. Yes. It contradicts my recollection.

Mr. LIEBELER. Yes. As you now read your report—and it is perfectly understandable that it is something that might not be remembered 11 years after the event; I have no recollection of what I was doing 11 years ago.

Dr. HARTOGS. I did not know that I made this ambiguous recommendation.

Mr. LIEBELER. As you read this report and reflect on this report and on the boy, Oswald, as he is revealed through it, do you think that possibly it may have been somebody else that was involved in the seminar or are you convinced that it was Oswald?

Dr. HARTOGS. No; that was Oswald.

Mr. LIEBELER. That was Oswald?

Dr. HARTOGS. Yes.

Mr. LIEBELER. It would not appear from this report that you found any indication in the character of Lee Oswald at that time that would indicate this possible violent outburst, is there?

Dr. HARTOGS. I didn't mention it in the report, and I wouldn't recall it now.

Mr. LIEBELER. If you would have found it, you would have mentioned it in the report?

Dr. HARTOGS. I would have mentioned it; yes. I just implied it with the diagnosis of passive-aggressive. It means that we are dealing here with a youngster who was hiding behind a seemingly passive, detached facade aggression hostility. I mean this is what I thought was quite clear. I did not say that he had assaultive or homicidal potential.

Mr. LIEBELER. And in fact, as we read through the report, there is no mention of the words "incipient schizophrenic" or "potentially dangerous" in the report.

Dr. HARTOGS. No; I don't know where she has it from, but these are my words. I use it in other reports, but here it is not.

Mr. LIEBELER. "Passive-aggressive tendencies" are fairly common in occurrence, are they not amongst people?

Dr. HARTOGS. No; it is not so common. It is the least common of the three personality traits. It is either a passive-dependent child or an aggressive child, and there is a passive-aggressive child. The passive-aggressive one is the least common.

Mr. LIEBELER. Would you describe for us briefly what the passive-aggressive tendencies are, how do they manifest themselves, what do they indicate?